THE STATE OF THE S

STATE OF ARIZONA

SPECIAL RECALL ELECTION

NOMINATION PAPER AFFIDAVIT OF QUALIFICATION CAMPAIGN FINANCE LAWS STATEMENT [A.R.S. §§ 16-311, 16-905(I)(5)]

FOR OFFICE USE ONLY

You are hereby notified that I, the undersigned, a	a qualified elector, am a can	didate for the
office of		at the
Special Recall Election to be held on		·
I will have been a citizen of the United States	or vears next t	preceding my
election and will have been a citizen of Arizona for	•	
and will meet the age requirement for the office I seek		-
County for years and in precinct		for
years before my election.		
I do solemnly swear (or affirm) that, at the tim district or precinct which I propose to represent, and as the time of election to hold the office that I seek, havi requirements for holding said office.	o all other qualifications, I wi	ill be qualified
Actual residence address or description of place of residence	(city or town)	(zip)
Post Office		
Address	(city or town)	(zip)
Print or type your name on the following li wish it to appear on the ballot. A LAST NAME	•	
		_
	CANDIDATE SIGNATURE	
Subscribed AND SWORN to (or affirmed) before me this	day of	20
	Notary Public	
(Seal)		
I have read all applicable laws relating to campaign financing a	nd reporting.	
CAN	IDIDATE SIGNATURE	